

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		101	2/11/01
O.L.P.E. CLASSIFIER			
FORMALITY REVIEW	ME	90)	2-15-01
RESPONSE FORMALITY REVIEW	ZM	927	05/30/01

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
- (Through numeral) .....	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Final	Original	Date
1	Original	7/27/63	
2	✓	✓	4/1/64
3	✓	✓	11/6/64
4	✓	✓	6/22/65
5	✓	✓	11/9/65
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
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If more than 150 claims or 10 actions  
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